



16311 Duluth Ave S.E., Prior Lake, MN 55372  
 Phone: 952-447-2491

**2017 Summer Stretch  
 Parent/Guardian Consent and Liability Waiver**

<b>Participant's Name:</b> _____		<b>Male or Female:</b> _____	
<b>DOB:</b> _____	<b>Grade (Fall 2017):</b> _____	<b>Parent/Guardian Name:</b> _____	
<b>Address:</b> _____		<b>City:</b> _____	<b>(State)</b> _____ <b>(Zip)</b> _____
<b>Home Phone:</b> _____		<b>Business/Cell phone:</b> _____	
<b>Parent/Guardian Email:</b> _____			

I, \_\_\_\_\_ (parent/guardian's name), grant permission for my child, \_\_\_\_\_ to participate in this event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Saint Michael Catholic Church. A brief explanation of the activity follows:

<b>Type of event:</b>	<i>Summer Stretch 2017</i>
<b>Date:</b>	<i>Thursdays starting June 22 ending July 20 (Valleyfair Day August 3)</i>
<b>Destination of event:</b>	<i>Local Service Sites and Afternoon Activities</i>
<b>Individual in charge:</b>	<i>Lori – Director of Middle School Faith Formation</i>
<b>Start Time:</b>	<i>8:30 am Participants - Leaders @ 8:00 am</i>
<b>End Time:</b>	<i>5:00 pm Participants - Leaders @ 5:15 pm</i>
<b>Mode of transportation to and from event:</b>	<i>Chaperone Vehicles and School Buses</i>
<b>Cost:</b>	<i>\$175 participants/ \$125 leaders (\$36 extra for Valleyfair if no pass)</i>

As parent and/or legal guardian, I remain legally responsible for any person actions taken by the above named minor ("participant").

I agree on behalf of myself, the "participant" named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Michael Catholic Church, officers, director and agents, and the Archdiocese of Mpls./St. Paul, chaperones, or representatives associated with the event, from any claims or lawsuits arising from or in connection with the "participant" attending the event, or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to reimburse the parish, its officers, directors and agents, and the Archdiocese of Mpls./St. Paul chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising from such claims or lawsuits.

Medical Matter: I hereby warrant that to the best of my knowledge, the “participant” is in good health, and I assume all responsibility for the health of the “participant.”

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport the “participant” to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

<b>Name &amp; Relationship:</b> _____	<b>Phone:</b> _____
<b>Family Doctor:</b> _____	<b>Phone:</b> _____
<b>Family Health Plan Carrier:</b> _____	<b>Policy #:</b> _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Mpls./St. Paul, chaperones, or representative associated with the activity that the “participant” becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

<b>Medications:</b> The “participant” is taking medication at present. The “participant” will bring and monitor all such medications necessary, and such medications will be well labeled. Please list names of medication: _____ _____
<b>Specific Medical Information:</b> The parish will take reasonable care to see that the following information will be held in confidence.
<b>Allergies/Reactions:</b> _____
<b>Date of last tetanus/diphtheria immunizations:</b> _____
<b>Any other special conditions/needs of the “participant”:</b> _____ _____ _____

*All information given is correct and I sign on that behalf.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check the boxes of the dates participant *WILL* attend:**

June 22     June 29     July 6     July 13     July 20     August 3 (Valleyfair Day)

\_\_\_\_\_ (please initial) **Yes**, I give permission for my child to be photographed as part of this activity, for use in newsletters, bulletin boards, slide shows and future promotion of events.

**Parent Covenant**

A Parent/Guardian who would like their child to participate in Summer Stretch at Saint Michael Catholic Church must....

1. Attend one parent information meeting **either** Tuesday, June 6 or Tuesday, June 13 from 6:00pm-7:00pm.
2. Drop off/ pick up child on time Thursdays for day of Summer Stretch
3. Understand and communicate to their child that there are *NO* electronics allowed. (cell phone, iPods, etc.)  
In a case that a child will need to call home for any reason, Director of Middle School Faith Formation will have a cell phone that they may use.
4. Parents are the key in order to have a successful Summer Stretch program. Parents are obligated to help chaperone, drive, help with lunch, and much more. Understanding that many parents work during the day, there are many other areas that one can help.  
\*Signups to volunteer will be offered at parent information meetings. Without parent participation as drivers/ chaperones, this program cannot occur.
5. All adult chaperones must fulfill requirements of the Archdiocese policies for the Protection of Child and Youth Initiative (PCYI) including background and drivers checks and completion of VIRTUS training.

**Check boxes of the dates you *CAN* chaperone/ drive:**

June 22     June 29     July 6     July 13     July 20     August 3 (Valleyfair Day)

I have received and reviewed the parent covenant for the Saint Michael Catholic Church Summer Stretch program. I understand the responsibilities and intend to abide by them.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*I have fulfilled requirements (background check & VIRTUS training) of the U.S. Bishops Charter to Protect & Archdiocesan Risk Management Guidelines*

**PLEASE NOTE: IF PARENT/PARTICIPANT RATIOS ARE NOT MET IN ACCORDANCE WITH ARCHDIOCESAN PCYI GUIDELINES, THIS EVENT WILL BE CANCELLED**